



PERSONAL INFORMATION Name First Name Last Name **Date of Birth Address** Phone Home Phone Mobile Phone E-mail **Address EDUCATION** University Name City **SPECIAL TRAINING AND SKILLS AREAS OF INTEREST** 1. 2. 3. I certify that all answers given herin are true and complete to the best of my knowledge. I authorize

I certify that all answers given herin are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Name & Signature	Date	Approval





CONFIDENTIALITY STATEMENT

I, THE UNDERSIGNED, WILL WILLINGLY HOLD IN CONFIDENCE ALL MATTERS THAT COME TO MY ATTENTION IN THE LINE OF DUTY AT THE CITY OF HOUSTON. I WILL RESPECT THE PRIVACY OF THE PEOPLE WHOM I SERVE AND CONFER APPROPRIATELY WITH THOSE DESIGNED AS MY SUPERVISORS AND/OR ADMINISTRATORS. FURTHER, I WILL USE IN A RESPONSIBLE MANNER, INFORMATION GAINED DURING MY SERVICE WITH THE CITY OF HOUSTON.

Name & Signature	Date

MEDICAL AND LIABILITY RELEASE

I WILL NOT HOLD THE CITY OF HOUSTON LIABLE FOR ANY MEDICAL TREATMENT IN CASE OF ILLNESS, ACCIDENT OR ANY EMERGENCY THAT MAY OCCUR WHILE I AM INTERNING AND/OR VOLUNTEERING FOR THE CITY OF HOUSTON.

Name & Signature	Date

EMERGENCY CONTACT INFORMATION

Name			
	First Name	Last Name	
Relation			
Phone	+	+	
	Home Phone	Mohile Phone	





HTV HOUSTON TELEVISION INTERNSHIP PROGRAM GUIDELINES

I. MISSION OF HTV HOUSTON TELEVISION INTERNSHIP PROGRAM

THE MISSION OF HTV HOUSTON TELEVISION INTERNSHIP PROGRAM IS TO PROVIDE EXTENSIVE EDUCATIONAL HANDS-ON WORK EXPERIENCES TO COLLEGE STUDENTS WHO ARE ASPIRING FOR CAREERS IN TELEVISION PRODUCTION AND/OR THE TELECOMMUNICATIONS INDUSTRY.

II. STUDENT INTERNSHIP RESPONSIBILITIES

- A. THREE STUDENT INTERNS WILL BE SELECTED FOR HTV HOUSTON TELEVISION INTERNSHIP PROGRAM FOR THE FALL, SPRING, & SUMMER, SCHOOL SEMESTERS.
- B. PROSPECTIVE INTERNS WILL BE INTERVIEWED AFTER THEY HAVE BEEN SCREENED AND SELECTED BY THE COORDINATOR OF THE COLLEGE AND/OR UNIVERSITY'S INTERNSHIP PROGRAM.
- C. INTERNSHIP ASSIGNMENTS WILL BE SCHEDULED FOR EIGHT WEEKS.PARTICIPANTS ARE EXPECTED TO REPORT TO WORK ON TIME. EXCESSIVE ABSENCES AND/OR TARDINESS WILL BE GROUNDS FOR DISMISSAL FROM THE PROGRAM.
- D. INTERNS WILL BE ASSIGNED TO WORK ALONGSIDE OUR PRODUCTION CREW PROVIDING THEM EXPOSURE IN STUDIO/FIELD SCHEDULING, STUDIO/FIELD AUDIO, CHYRON, STUDIO/FIELD LIGHTING, CAMERA OPERATION AND MASTER CONTROL.





HTV HOUSTON TELEVISION INTERNSHIP PROGRAM GUIDELINES

III. SUPERVISOR RESPONSIBILITIES

A. THE COORDINATOR OF THE COLLEGE AND OR UNIVERSITY'S INTERNSHIP PROGRAM IS RESPONSIBLE FOR SCREENING AND SELECTING INTERNS. PROSPECTIVE INTERNS WILL BE INTERVIEWED AND SELECTED FOR HTV HOUSTON TELEVISION INTERNSHIP PROGRAM BY THE SUPERVISOR.

- B. THE SUPERVISOR IS RESPONSIBLE FOR PROVIDING INTERNS WITH COMPLETE AND SUBSTANTIVE WORK/TRAINING EXPERIENCE.
- C. THE SUPERVISOR IS RESPONSIBLE FOR SCHEDULING THE WORK HOURS OF ALL INTERNS
- D. AT THE COMPLETION OF THE INTERNSHIP THE SUPERVISOR IS RESPONSIBLE FOR PROVIDING THE STUDENT'S COLLEGE OR UNIVERSITY WITH A PERFORMANCE EVALUATION.

HTV HOUSTON TELEVISION-CONTACT INFORMATION:

TED IRVING HTV DIRECTOR 901 BAGBY 1ST FLOOR HOUSTON, TEXAS 77002

832 393 1285 OFFICE 832 393 1272 FAX

THANK YOU FOR CONSIDERING HTV HOUSTON TELEVISION





UNIVERSITY / COLLEGE APPROVAL FORM
1. BRIEFLY DESCRIBE THE UNIVERSITY (COLLEGE) WORK EXPECTATIONS FOR HTV HOUSTON TELEVISION.
2. ARE THERE SUPPLEMENTAL ACTIVITIES, IN ADDITION TO THE REGULAR WORK ASSIGNMENTS?
3. MAX HOURS PER WEEK THE STUDENT WILL WORK? (CAN BE NO LESS THAN 20 HOURS, NO MORE THAN 30 HOURS WITH 4 HOURS MAX PER DAY)
4. STARTING AND ENDING DATE OF THE INTERNSHIP?
Start Date End Date
5. IF INTERN IS TO RECEIVE PAYMENT FROM THE UNIVERSITY FOR DUTIES PERFORMED FOR THIS INTERNSHIP, PLEASE INDICATE AMOUNT.
University Name (City / State)

Date

Faculty Advisor / Dean Approval Signature